

REPORT OF CASES

REPORT OF A CASE OF COMA.

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Sunday morning, October the 18th, I was asked to go out in the country to see a patient. I found a colored woman apparently about 35 years of age, of large frame and well developed, but in a state of coma. Upon inquiring, I obtained the following incomplete history: That she had always been a comparatively healthy woman, but occasionally had had swelling about the feet and ankles. Recently she had had quite a severe cold and cough, and had complained a good deal of pain in head and back of neck, but continued to work daily at washing and ironing. Saturday afternoon she returned to her house and took a seat on the porch; when her husband came from work, she got up and walked out to meet him, but apparently was unable to speak and didn't seem to appreciate what she was doing. Her husband then picked her up, carried her into the house and laid her upon the bed. She remained restless for several hours, after which she went into a deeper coma, in which she remained all night. She was said to have had occasional convulsions, but on trying to find out the character of these convulsions nothing definite could be learned. There was, however, no injury to the tongue or lips. On examination it was found that she could not be aroused in the least from her comatose condition, and that she was not at all disturbed by being turned about. Respiration was regular, a little noisy from mucus, but normal in frequency. On listening to the left upper lobe, at first no breath sounds could be heard, but after turning patient this was overcome, a

bronchus probably having been plugged with mucus.

The heart beat was regular in rhythm, of good volume, and about 100. A systolic murmur was heard at the apex. The patient was perspiring freely, but the odor present had no similarity to that of urine. Temperature was 100. The abdomen was soft and relaxed and the bladder empty. There was evidence of involuntary urination. The pupils were equal and reacted alike to light, being dilated about one-eighth of an inch. There was discovered no paralysis in any of the eye muscles. The head was held backward, especially when the patient lay on the side and there was no resistance when the neck was flexed. Knees were flexed, more-so when the patient lay upon the side. At times there were mild tetanic contractions of arms and hands with thumbs turned under fingers. Under this examination there was found no evidence of any paralysis. The examination at this time extended no further, and hence, was partially incomplete. The three conditions that presented themselves most strongly to my mind as causes of the trouble, were uremia, embolism, and meningitis. In any case, I thought she needed hospital care. She was then sent to town, carried to the hospital, and entered as a charity patient. I was told that on reaching the hospital she was in very serious condition, and that at 4:00 p. m., she looked as if she would certainly die. Lungs so full of moist rales that the heart could scarcely be heard. The pulse was running and very difficult to count. Respirations 45 to 50, temper-

ature 104, and eyes set and staring. Patient was catheterized and only a very small amount of urine obtained, the examination of which showed a good deal of albumin, no blood and no casts. When the case was first seen by several of the house staff from the south, a possibility of malarial coma was considered. The urine was then examined for blood and a blood smear made. There was found a very marked leukocytosis, and one parasite of the tertian form was said to have been found. This examination then ruled out malaria. That evening, through the courtesy of the house staff, I was allowed to see patient, to discuss her condition, and consult over what was indicated. There was found a decided improvement from her condition in the afternoon. Pulse was better, there was less mucous in the throat, and she seemed to be disturbed when moved. There was some retraction of head, but not much rigidity. However, it was decided that a lumbar puncture was advisable. This was done and on entering the canal the fluid came out with a great deal of force, in a full stream, extending an inch or more from the end of the needle. Two ounces of fluid were secured, which was not cloudy and did not contain pus cells; no culture were made. As patient could swallow, she was given salts, which acted with good results next morning. During the next day she remained unconscious, but general condition was improved. Temperature reached normal, pulse 104, respiration 25 to 35. Still had involuntary urination, with a scantiness of urine. Examination by visiting physicians upon the staff elicited that there was no Kernig's sign, that patellar and plantar reflexes were exaggerated, that the leg, when the right side was irritated, was jerked away promptly, but the left leg when irritated was moved more slowly and dragged over towards the right. On pricking the face the muscles on the right side were observed to contract much more forcibly and readily than those on the left. No twitchings or convulsions were noticed. Diagnosis of hemor-

rhage into the internal capsule was made by one of these physicians, and hysteria was considered by the other.

The urine was again examined and was found to contain a large quantity of albumin. Her condition remained about the same during the early part of the night. Tuesday morning, October 20, I was surprised to find that during the night she had begun to clear up and that she could give her name as well as answer several other questions. For a week after this she continued to do well, but remained a little drowsy. When urged to talk, she answered all questions with the exception of that as to her whereabouts. The quantity of urine gradually increased. On Friday, October 23d, urine examination showed albumin, fair per cent.; sugar negative, sp. gr. 1027, few granular casts, leukocytes and epithelial cells. Still had some cough and complained of headache, both frontal and occipital, as well as nausea. Temperature, pulse and respiration normal.

Patient was taken home Sunday. On Monday, October 27th, temperature, pulse and respiration normal. All reflexes intact. No noticeable diminished muscular power in any of the extremities. Patient's mind perfectly clear, but still complained of pain in the occipital region and soreness and stiffness in muscles in back of neck. Bowels and kidneys active. Though I tried I was never able to get another specimen of urine sent me, nor was I able to follow the subsequent history of the case closely. For the past two months, however, she has been well and doing her work regularly. On close questioning into her past history, the only thing of any significance learned was that during last fall she had a spell during which she was unable to speak for two hours, but wasn't unconscious.

Because of some peculiar features and an unusual therapeutic measure, I thought the case worth recording. Though the diagnosis was not absolutely established, the most likely thing is that it was a case of uremia.